



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

P.O. Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300

March 9, 2001

Jack Johnson
PO Box 1119
Belfair WA 98528-1119

Dear Mr. Johnson:


RE: Water Right Application No. G2-28963

Enclosed is the Department of Ecology's Report of Examination. This report constitutes our determination and order regarding the above referenced application.

Please send your permit fee of \$32.00 within thirty (30) days. Make your check payable to the Department of Ecology.

This Order may be appealed. Your appeal must be filed with the Pollution Control Hearings Board, PO Box 40903, Olympia, WA 98504-0903 within thirty (30) days from receipt of this Order. At the same time a copy of your appeal must be sent to the Department of Ecology, c/o Appeal Coordinator, PO Box 47600, Olympia, WA 98504-7600. Your appeal alone will not stay the effectiveness of this Order. Stay requests must be submitted in accordance with RCW 43.21B.320. These procedures are consistent with Chapter 43.21B RCW.

Sincerely,



J. Mike Harris
Water Resources Supervisor
Southwest Regional Office

JMH:th (rocappv.doc)





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Sincerely,

A handwritten signature in dark ink, appearing to read "J. Mike Harris", is written over a large, stylized, looped flourish that extends to the left.

J. Mike Harris
Water Resources Supervisor
Southwest Regional Office

JMH:th (roeappv.doc)

P 583 901 384

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Jack Johnson	
Street & Number G2-28963	
Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	

PS Form 3811, July 1999

Domestic Return Receipt

G2-28963

2. Article Number (Copy from service label)
P 583 901 384
SWR0/WR

102595-00-M-0952

JACK JOHNSON
PO BOX 1119
BELFAIR WA 98528-1119

1. Article Addressed to:

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Kathy Johnson**
B. Date of Delivery **3-13-01**

C. Signature **[Signature]**
D. Is delivery address different from item 1? ☒ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered Mail
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
4. Restricted Delivery? (Extra Fee)
☐ Yes ☐ No